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NOV 25 2005

NOV 15 2005

NEW ORLEANS

1. File Number U - <u>13342</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>BARRY</u> <u>L</u> <u>CLARK</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2700 S CLAIBORNE AVE</u> City <u>NEW ORLEANS</u> State <u>Louisiana</u> ZIP Code + 4 <u>70125-3923</u>	4. Name, file number, and address of labor organization. Name <u>LONGSHOREMEN'S ASN AFL-CIO</u> Labor Organization File Number <u>513-292</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2700 S CLAIBORNE AVE</u> City <u>NEW ORLEANS</u> State <u>Louisiana</u> ZIP Code + 4 <u>70125-3923</u>
5. Position in labor organization. <u>FINANCE COMMITTEEMAN</u>	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

\$0

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Barry L. Clark

$g = 1505$

(504) 897-6203

Telephone Number _____